

## **HAWAII STATE ETHICS COMMISSION**

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**LOBBYIST REGISTRATION FORM** 

	(Type or P	rint Clearly)	STATE OF HAWAII
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222 South Vineyard Street, Suite 401			EMAIL hawaiilobbyist@aol.com
(City)	(State)	· •	(Zip Code)
Honolulu	HI		96813-2453
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			o lobby) TELEPHONE
Capitol Consultants of Hawaii, LLP.			(808) 531-4551
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Honolulu	HI		96813

PART II ORGANIZAT	ON_	
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Dollar Financial Group	(703) 684-1110	
MAILING ADDRESS (Street)		FAX (703) 684-7912
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NAME OF PERSON RESPONSIE	TELEPHONE	
Carrie Castro		(703) 684-1110
MAILING ADDRESS (Street)  Multistate Associates, Inc., 515 King Street, Suite 300		FAX (703) 684-0717
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(Date)

(Signature of Authorizing Officer or Person Represented)